TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ums and	d cost-sh	aring un	ider sele	ected CHIP	plans ¹
	Í	Per unit	Total	VA		UT	ME	AL	СО	DE		MA
		(\$)	(\$)	O R	Z		MI				employer	No access to employer coverage
								Prem	iums			
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
								Cost-s	haring			
Child with occasion al cold or ear infection (composite #1)	Routine care: 2 MD visits (colds) 1 ER visit (otitis) 3 Rx drugs	54, 36 ^a 88 ^b 16 ^c	90 88 48	0 0 0	0 \$5 0	\$10 x ₂ \$30 \$4 x 3 ³	0 0 0	\$5 x 2 \$5 \$1 x 3 ⁴	\$5 x 2 \$6 \$3 x 3 ⁴	0 \$10 0	\$10 x 2 \$50 \$35 + \$5	0 0 0
Child	Routine care:											

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Profile	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ums and	l cost-sh	aring un	der sele	ected CHIP	plans ¹
		Per unit	Total	VA		UT	ME	AL	СО	DE	ſ	MA
		(\$)	(\$)	O R	Z		MI				Access to employer coverage ²	No access to employer coverage
								Prem	iums			
				No No		No	12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
							\$5 x 12					
								Cost-s	haring			
with	2 MD visits	54, 36 ^a	90	0	0	\$10 x 2	0	\$5 x 2	\$5 x 2	0	\$10 x 2	0
cerebral	(colds)	88 ^b	88		\$5		0	\$5	\$6	\$10	\$50	0
palsy	1 ER visit	16 ^c	48	0	0	\$4 x 3 ³	0	\$1 x 3 ⁴	\$3 x 3 ⁴	0	\$35 + \$5	0
(compos	(otitis)											
ite #2)	3 Rx drugs	54 00 a	F0.4		_	¢40 × 40		ΦE v. 40	ФГ v 40	0	# 00 × 40	
	Cara for	54, 36 _{x15} ^a 16 ^c	594	0	0	\$10 x 16	0	\$5 x 16 \$1 x 16 ⁴	\$5 x 16	0	\$20 x 16	0
	Care for condition:	581 _{/day}	256 2,905	0	0	50%(\$256-25%) 10%(\$2,905-	0	\$5	ФЗ X 16 0	0 0	\$5 x 16 \$150	0
	16 MD visits	1,800 ^a	1,800	0	0	25%)	0	φ5 0	0	0	0	0
	16 Rx drugs	1,000 120 ^a	1,000	0	0	0	Ö	\$5	\$5	0	\$20	0
	1 5-day hosp.	41 ^a	41	0	0	\$10	0	\$5	\$5	0	\$20	0

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes	cost	annual			Applicable premi	ums and	d cost-sh	aring un	nder sele	elected CHIP plans ¹		
		Per unit	Total	VA		UT	ME	AL	СО	DE		MA	
		(\$)	(\$)	O R	Z		MI				employer	No access to employer coverage	
								Prem	iums				
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12	
								Cost-s	haring				
	stay, plus 1 surgery 1 pre-op MD visit 1 follow-up MD visit					\$10							
Child	Routine care:	E4 26 ^a	00	_		\$10 × 2		¢E v O	ΦE ν Ω	0	\$10 × 2	0	
with severe	2 MD visits (colds) 1 ER visit	54, 36 ^a 88 ^b 16 ^c	90 88 48	0 0 0	0 \$5 0	\$10 x 2 \$30 \$4 x 3 ³	0 0 0	\$5 x 2 \$5 \$1 x 3 ⁴	\$5 x 2 \$6 \$3 x 3 ⁴	0 \$10 0	\$10 x 2 \$50 \$35 + \$5	0 0 0	

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ums and	l cost-sh	aring un	der sele	ected CHIP	plans ¹
		Per unit	Total	VA		UT	ME	AL	СО	DE	ſ	MA
		(\$)	(\$)	O R	Z		MI				employer	No access to employer coverage
								Prem	iums			
					N o	No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
								Cost-s	haring			
diabetes (compos ite #3)	(otitis) 3 Rx drugs Care for condition: 16 MD visits 16 Rx drugs 1 5-day hosp. stay, plus 1 surgery	54, 36 _{x15} ^a 16 ^c 581 _{/day} 1,800 ^a 120 ^a 41 ^a	594 256 2,905 1,800 120 41	0 0 0 0 0	0 0 0 0 0	\$10 x 16 50%(\$256-25%) 10%(\$2,905- 25%) 0 \$10 \$10	0 0 0 0 0		\$5 x 16 \$3 x 16 ⁴ 0 0 \$5 \$5	0 0 0 0 0	\$20 x 16 \$5 x 16 \$150 0 \$20 \$20	0 0 0 0 0

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ums and	l cost-sh	aring un	ider sele	ected CHIP	plans ¹
		Per unit	Total	VA		UT	ME	AL	CO	DE		MA
		(\$)	(\$)	O R	Z		MI				Access to employer coverage ²	No access to employer coverage
								Prem	iums			
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
								Cost-s	haring			
	1 pre-op MD visit 1 follow-up MD visit											
Child with catastrophic injury (compos	Routine care: 2 MD visits (colds) 1 ER visit (otitis) 3 Rx drugs	54, 36 ^a 88 ^b 16 ^c	90 88 48 2,905	0 0 0	0 \$5 0	\$10 x 2 \$30 \$4 x 3 ³ 10%(\$2,905-	0 0 0	\$5 x 2 \$5 \$1 x 3 ⁴ \$5	\$5 x 2 \$6 \$3 x 3 ⁴	0 \$10 0	\$10 x 2 \$50 \$35 + \$5	0 0 0

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes	cost	annual	Applicable premiums and cost-sharing under selected CHIP plans ¹									
	well-child care)	Per unit	Total	VA		UT	ME	AL	СО	DE	I	MA	
		(\$)	(\$)	O R	Z		MI				Access to employer coverage ²	No access to employer coverage	
								Prem	iums				
				No No		No	12 \$5 x	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12	
							12	Cost-s	haring				
ite #4)	Care for condition: 1 5-day hosp. stay, plus 1 surgery 1 pre-op MD visit 1 follow-up MD visit 1 Rx drug 2 dental visits	3,276 ^a 120 ^a 41 ^a 16 ^c 14 ^e 230 ^f	3,276 120 41 16 28 460	0 0 0 0 0	0 0 0 0 0	25%) 0 \$10 \$10 \$4 ³ 0 20%(\$460-25%)	0 0 0 0 0	0 \$5 \$1 ⁴ \$5 x 2 0	0 \$5 \$5 \$3 ⁴ \$28 \$460	0 0 0 0 \$28 \$460	0 \$20 \$20 \$5 \$5 x 2 \$320 x 2	0 0 0 0 0	

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ıms and	d cost-sha	aring un	ider sele	ected CHIP	plans ¹
	•	Per unit	Total	VA	A	UT	ME	AL	СО	DE	MA	
		(\$)	(\$)	O R			MI				employer	No access to employer coverage
			No No No	Premiums								
						No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
								Cost-s	haring			
	2 crowns											

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ums and	l cost-sh	aring un	ider sele	ected CHIP	plans ¹
	,	Per unit	Total	VA	Α	UT	ME	AL	СО	DE	!	MA
		(\$)	(\$)	O R	Z		MI				Access to employer coverage ²	No access to employer coverage
								Prem	iums			
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12
								Cost-s	haring			
Child with serious mental illness (compos ite #5)	Routine care: 2 MD visits (colds) 1 ER visit (otitis) 3 Rx drugs Care for condition: 16 outpt. MH visits 16 outpt. SA visits 16 Rx drugs 1 4-day MH stay	54, 36 ^a 88 ^b 16 ^c 131, 101 _{x15} ^a 131, 101 _{x15} ^a 16 ^c 581 _{/day} ^d	90 88 48 1,646 1,646 256 2,324 Source:	0 0 0 0		\$10 x 2 \$30 \$4 x 3 ³ 50%(\$1,646- 25%) 0 50%(\$256-25%) 10%(\$2,324- 25%) or Health Services Res	0 0 0 0 0 0	\$5 x 2 \$5 \$1 x 3 ⁴ 0 0 \$1 x 16 ⁴ 0	0	0 \$10 0 0 0 0	\$10 x 2 \$50 \$35 + \$5 \$20 x 16 \$10 x 16 \$5 x 16 \$150	0 0 0 0 0 0 0

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes	cost	annual			Applicable premi	ıms and	l cost-sha	aring un	ider sele	ected CHIP plans ¹		
		Per unit	Total	VA	A	UT	ME	AL	СО	DE		MA	
		(\$)	(\$)	O R	Z		MI				Access to employer coverage ²	No access to employer coverage	
								Prem	iums				
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12	
								Cost-s	haring				
Child with congenit al heart defect (actual case)	Routine care: 2 MD visits* 2 Rx drugs* 1 ER visit** 1 Rx drug** 1 MD visit** * (otitis media) * * (pneumonia) Care for	54, 36 ^a 3.95 ^g 88 ^b 25.16 ^g 36 ^a	90 7.90 88 25.16 36	0 0 0 0	0 0 \$5 0	\$10 x 2 \$4 x 2 ³ \$30 \$4 x 1 ³ \$10	0 0 0 0	\$5 x 2 \$1 x 2 ⁴ \$5 \$1 ⁴ \$5	\$5 x 2 \$3 x 2 ⁴ \$6 \$3 ⁴ \$5	0 0 \$10 0	\$10 x 2 \$7.90 \$50 \$25.16 \$10	0 0 0 0	

TABLE 1a

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

Profile	Annual average use (excludes well-child care)	cost	cost			Applicable premiums and cost-sharing under selected CHIP plans ¹									
	•	Per unit	Total	VΑ		UT	ME	AL	CO	DE	ľ	ИΑ			
		(\$)	(\$)	O R	Z		MI				employer	No access to employer coverage			
								Prem	iums						
				No No		No	\$15 x 12 \$5 x	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12			
							12								
								Cost-s	haring						
	condition:	110, 50 ^a	160	0	0	\$10 x 2	0	\$5 x 2	\$5 x 2	0	\$20 x 2	0			
	2 MD visits	36 ^a	36	0	0	\$10	0	\$5	\$5	0	\$10	0			
	(cardiol.)	120 ^a	240	0	0	\$10 x 2	0	\$5 x 2	\$5 x 2	0	\$20 x 2	0			
			24,047.	0	0	10%(\$24,047.49-	0	\$5	0	0	\$150	0			
	(ped.)	9	49	0	0	25%)	0	0	0	0	0	0			
	2 MD visits	17,785	17,785	0		0	0	\$1 ⁴	\$3 ⁴	0	\$1.94 + \$5				
	(surg.)	4.68 ^g	4.68	0	0	\$4 ³	0	\$ 5	\$ 5	0	\$20	0			
	1 5-day hosp. stay,	120 ^a 41 ^a	120 41	0	0	\$10 \$10	0	\$5	\$5	0	\$20	0			
	plus 1 surgery 1 Rx drug														

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WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED CHIP PLANS?

	Annual average use (excludes well-child care)	cost	annual			Applicable premi	ıms and	d cost-sha	aring un	der sele	ected CHIP	MA Access to No access			
		Per unit	Total	VΑ		UT	ME	AL	CO	DE	MA				
		(\$)	(\$)	O R	Z		MI				employer				
								Premiums							
				No No		No	\$15 x 12 \$5 x 12	\$50/yea r	\$20 x 12	\$25 x 12	\$10 x 12	\$10 x 12			
								Cost-s	haring						
	1 pre-op MD visit 1 follow-up MD visit														

TABLE 1a References

- Information comes from various sources, including: Health Care Financing Administration. (1998) <u>Fact sheets</u>. At http://www.hcfa.gov/init/chpa-map.htm; National Governors' Association. (1998) <u>Implementation of the State Children's Health Insurance Program Title XXI</u> At http://www.nga.org/MCH/ImplementationMatrix.pdf; National Association of State Medicaid Directors. (1998) Detailed, state-by-state descriptions of CHIP plans At http://medicaid.apwa.org/chippage.htm; Families U.S.A. (1998) Premiums and cost-sharing proposed by States under Title XXI, the new Children's Health Insurance Program At http://www.familiesusa.org/premium.htm; Riley, T., and Pernice, C. (1998) How are States implementing Children's Health Insurance Plans? Portland, ME: National Academy for State Health Policy; CHPR telephone conversations with State officials, September-October 1998.
- 2. Uses the GWU Health Plan's Standard HMO Option as an example of employer coverage to illustrate the type of cost-sharing that could be required under such coverage. This policy includes a \$35 per family deductible for pharmaceutical services and an annual cost-sharing cap, which varies by region and excludes durable medical equipment and substance abuse inpatient expenses (however, for the purpose of this exercise, expenditures for premiums and cost-sharing for services covered under the plan are counted toward the cumulative maximum, which is capped at five percent of income).
- 3. Assumes the use of prescription drugs on approved list (a coinsurance rate of 50 percent of allowed amount applies to unapproved drugs).
- 4. Assumes the use of generic prescription drugs (brand names are \$3 in Alabama and \$5 in Colorado).
- a. Kirchner, M. (1990) Where do your fees fit in? Medical Economics, pp. 76-105, October 1.
- b. Federal Register. (1998) Vol. 63, No. 211, pp. 58596-58897, November 2 (Total physician payment for selected procedures under Medicare)
- C. Hong, S.H., and Shepherd, M.D. (1996) Outpatient prescription drug use by children enrolled in five drug benefit plans. <u>Clinical</u> Therapeutics, Vol. 18, No.3, pp. 528-545.
- d. Newacheck, P.W., and Taylor, W.R. Childhood chronic illness: Prevalence, severity, and impact. <u>American Journal of Public Health, Vol.</u> 82, No. 3, pp. 364-371.
- e. Complete schedule of dental allowances, Standard Option Blue Cross and Blue Shield Service Benefit Plan, Federal Employees Health Benefits Program, 1999.
- f. 1999 Summary of Maryland State Employees Health Benefits.
- g. Parent-reported information (including bills).